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UTILITY **PATENT APPLICATION TRANSMITTAL**

Attorney Docket No. First Inventor		UF-281D2 Anatoly E. Martynyuk		

(Only for new nonpri	ovisional applications under 37 (CFR 1.53(b))	Express Mail	Label No.	ET32407	7339US
AP	PLICATION ELEMENTS		ADDRESS	TO: Comm	nissioner for F	Patents
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	ims small entity status.		8. Nucleotide	and/or Amin	o Acid Seque	nce Submission
See 37 CFR			(if applicab	le, all necess	ary)	
Specification Oreferred arrangement	Total Pages 23]	a. 🔲	Computer Re	adable Form	(CRF)
- Descriptive	title of the invention		b. Spec	ification Sequ		
 Statement F 	rence to Related Applications Regarding Fed Sponsored R &	D		ii. pape		R (2 copies); or
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 Background 	of the Invention					TION PARTS
- Brief Summ - Brief Descri	ary of the Invention ption of the Drawings (if filed)					
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5. Oath or Declaratio	[- 1 1.		tement (IDS)/I		Citations
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Signe	d statement attached deleting invento		15 Cert	tified Copy of preign priority	Priority Docu	ment(s)
	ed in the prior application, 37 CFR d)(2) and 1.33(b).					35119 € 122
			(b)(2	16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35		
6. Application Data Sheet. See 37 CFR 1.76			or its	s equivalent.		
18. If a CONTINUING	APPLICATION, check appropria	te hov, and supply:	17. Oth	er:		
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Continuation	Divisional	Continuation-in-P	art (CIP)	of prior application	on No.: <u>09/95</u>	7,358
Prior application information	on: Examiner: Phyllis G.	Spivack	_	Group Art Unit:	1614	
For CONTINUATION OR	DIVISIONAL APPS only: The en	tire disclosure of t	he prior application	, from which a	n oath or decla	ration is supplied under
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Sir:					
Transmitted here	ewith for filing is the	patent application of	f:		
Inventors:	Anatoly E. Martynyuk, Donn Michael Dennis, Alexander V. Glushakov, Colin Sumners, M. Ian Phillips				
Entitled:	Materials and Methods for Treatment of Neurological Disorders Involving Overactivation of Glutamatergic Ionotropic Receptors				sorders Involving
	ry Patent Application ing Fee is calculated		ecompanies this Fe	e Transmittal Form	ì .
		CLAIMS	AS FILED		
		Number filed	Number Extra	Rate	Fee
Basic Fee				\$375.00	\$375.00
Total Claims		30 - 20 =	10	x \$9	\$90.00
Independent Cl	aims	2 -3 =	0	x \$42	\$0.00
Presentation of	Multiple Dependent	Claim(s) (\$140)			\$ 0.00
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